

Department of Human Services
Bureau of Human Service Licensing

September 12, 2022

[REDACTED]
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017

RE: HALCYON SENIOR LIVING
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45109

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2022, 07/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *HALCYON SENIOR LIVING* License #: *45109* License Expiration: *08/31/2022*
Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA, 15017*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/23/2014* Issued By: *Bridgeville*
Type: *C-2 LP* Date: *09/03/1998* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/27/2022*

Inspection Dates and Department Representative

07/26/2022 - On-Site: [REDACTED]
07/27/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *88* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *44* Residents Served: *24*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

07/26/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

09/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2022*

09/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/14/2022*

09/12/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 CTB on the resident's date of death. On [REDACTED] 22, the following medications prescribed for resident #1 were still present in the med cart and home, to include:

- * Furosemide 20mg tablet (2) cards
- * Buspirone HCL 5mg tablets (2) cards
- * Acetaminophen 325mg tablets (1) card
- * Risperidone 0.5mg tablets (2) cards
- * Trazodone 100mg tablets (2) cards
- * Geri-kot 8.6mg tablets (1) card
- * Oxycodone HCL 5mg (2) cards
- * Morphine 5mg/0.25ml 0>S> Syringes (10) count
- * Lorazepam 0.5mg/0.25cc syringes (37) count in med refrigerator

Plan of Correction**Accept**

The home removed all discontinued OTC and Prescription medications from the home and sent those that we discontinued or expired back to [REDACTED]. All C2 and C3-5 Medications were destroyed on site by the DON, and the Administrator and provided signatures on the narcotic sheet with both witnessing the destruction using the Drug Buster System.

Plastic bins labeled with "Return to Pharmacy" were purchased by Halcyon to store in locked medication room until pharmacy comes to retrieve. Halcyon spoke with Pharmacy to advise that all discontinued or expired meds that are Prescription or OTC be taken back daily to the Pharmacy.

Staff was instructed and educated that no discontinued or expired medications are to be stored in the Medication Carts and they are to be returned to the Pharmacy with the driver on the next delivery of medications.

Completion Date: 08/30/2022

Document Submission**Implemented**

The home removed all discontinued OTC and Prescription medications from the home and sent those that we discontinued or expired back to [REDACTED]. All C2 and C3-5 Medications were destroyed on site by the DON, and the Administrator and provided signatures on the narcotic sheet with both witnessing the destruction using the Drug Buster System.

Plastic bins labeled with "Return to Pharmacy" were purchased by Halcyon to store in locked medication room until pharmacy comes to retrieve. Halcyon spoke with Pharmacy to advise that all discontinued or expired meds that are Prescription or OTC be taken back daily to the Pharmacy.

Staff was instructed and educated that no discontinued or expired medications are to be stored in the Medication Carts and they are to be returned to the Pharmacy with the driver on the next delivery of medications.
See attached.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 was prescribed the following medications. However, the residents [redacted] and [redacted] 2022 Medication Administration Record (MAR) indicated the medication was not available on the following dates and times, to include: Furosemide 20mg tablet- [redacted] ([redacted] a.m. and [redacted] pm.) On [redacted] 22 at [redacted] p.m. and [redacted] 22 at [redacted] pm

Oxycodone HCL 5mg tablet - [redacted] ([redacted])

- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]

Bupirone HCL 5mg tablet - [redacted]

Trazodone 50mg tablet [redacted]

- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]
- * On [redacted]

Lorazepam 1mg/0.5ML O.S - [redacted] On [redacted] 22 at [redacted] a.m.

Plan of Correction

Accept

Medications are stored in the medication carts and are stocked by the pharmacy. This facility had been using [redacted] which had merged with [redacted]. This created an issue with multiple resident medications missing from the cart. Calls were frequently made to [redacted] This facility as of [redacted] 2022 switched pharmacies to [redacted].

All medications are stored in medications are stored in medication carts provided by [redacted]. These carts are under lock and key and are accessible by the Medtech working on the unit. These carts and medications will be audited by the DON, [redacted] (or designee) once weekly on Mondays for 3 weeks beginning [redacted] 2022 and then once monthly beginning on [redacted] 2022 for 3 months.

The Medtechs have been instructed to contact the DON, [redacted] (or designee) when any medications are unavailable and to also call [redacted] with any missing medications. The DON, [redacted] (or designee) is to be also contacted if [redacted] does not deliver the necessary medications. All of the Med techs were in-serviced on [redacted] & [redacted] 2022 on the proper administration of medications and the necessity of medicating on time, identifying the correct resident and that all medications must be documented whether given or not given (with an explanation if necessary).

185a - Implement Storage Procedures (continued)

The Med techs, [REDACTED] and [REDACTED] will perform weekly medication cart audits which will then be double checked by the DON, [REDACTED] (or designee).
 This correction and the in-services provided to the Med techs are contained within the policies and procedures of Medication Administration for Halcyon Senior Living.

Completion Date: 09/07/2022

Document Submission **Implemented**

Medications are stored in the medication carts and are stocked by the pharmacy. This facility had been using [REDACTED] which had merged with [REDACTED]. This created an issue with multiple resident medications missing from the cart. Calls were frequently made to [REDACTED]. This facility as of [REDACTED] 2022 switched pharmacies to [REDACTED].
 All medications are stored in medication carts provided by [REDACTED]. These carts are under lock and key and are accessible by the Medtech working on the unit. These carts and medications will be audited by the [REDACTED] (or designee) once weekly on Mondays for 3 weeks beginning [REDACTED] 2022 and then once monthly beginning on [REDACTED] 2022 for [REDACTED] months.
 The Medtechs have been instructed to contact the [REDACTED] (or designee) when any medications are unavailable and to also call [REDACTED] with any missing medications. The [REDACTED] (or designee) is to be also contacted if [REDACTED] does not deliver the necessary medications. All of the Med techs were in-serviced on [REDACTED] & [REDACTED] 2022 on the proper administration of medications and the necessity of medicating on time, identifying the correct resident and that all medications must be documented whether given or not given (with an explanation if necessary).
 The Med techs, [REDACTED] and [REDACTED] will perform weekly medication cart audits which will then be double checked by the [REDACTED] (or designee).
 This correction and the in-services provided to the Med techs are contained within the policies and procedures of Medication Administration for [REDACTED].
 See Attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.
 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's [REDACTED] 2022 MAR was not initialed by the staff member who administered the medication on [REDACTED]/22 at [REDACTED]:00 p.m. to include:

- * Muscle Rub Cream [REDACTED] ([REDACTED]:00 a.m., [REDACTED]:00 p.m. and [REDACTED]:00 p.m.)
- * Oxycodone HCL 5 mg tablet- [REDACTED] ([REDACTED]:00 a.m., [REDACTED]:00 p.m., [REDACTED]:00 p.m. and [REDACTED]:00 p.m.)
- * Buspirone HCL 5 mg tablet [REDACTED] ([REDACTED]:00 p.m. and [REDACTED]:00 p.m.)

Plan of Correction **Accept**

DON and Administrator educated staff on [REDACTED] 2022 and [REDACTED] 2022 that all MAR's are to have appropriate documentation immediately upon administering medications with dates, times and initials. Nothing can be left blank.
 The MAR (Medication Administration Record) will be audited daily by the DON, to assure that all medications that have been administered have a date, time and initial of the person that administered the medication to the resident. A report will be run daily to review the MAR's. This is ongoing with no end date.

187b - Date/Time of Medication Admin. (continued)

Provided Education that is attached.

Completion Date: 09/07/2022

Document Submission

Implemented

DON and Administrator educated staff on [redacted] 2022 and [redacted] 2022 that all MAR's are to have appropriate documentation immediately upon administering medications with dates, times and initials. Nothing can be left blank.

The MAR (Medication Administration Record) will be audited daily by the DON, to assure that all medications that have been administered have a date, time and initial of the person that administered the medication to the resident. A report will be run daily to review the MAR's. This is ongoing with no end date.

See Attached

Provided Education that is attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1's June and July 2022 MAR indicates the resident was not administered the following prescribed medications, because the medication was not available in the home on the following dates and time, to include:

Furosemide 20mg tablet- [redacted] 00 a.m. and [redacted] 00 pm.). On [redacted] 22 at [redacted] 00 p.m. and [redacted] 22 at [redacted] pm

Oxycodone HCL 5mg tablet - [redacted] ([redacted] 00 a.m., [redacted] 00 p.m., [redacted] 00 p.m. and [redacted] 00 p.m.)

* [redacted]
* [redacted]
* [redacted]
* [redacted]
* [redacted]
* [redacted]

Bupirone HCL 5mg tablet - [redacted] 00 p.m. and [redacted] 00 p.m.). On [redacted] 22 at [redacted] 00 p.m.

Trazodone 50mg tablet [redacted] ([redacted] 00p.m.)

* On [redacted]
* On [redacted]
* On [redacted]
* On [redacted]
* On [redacted]
* On [redacted]

Lorazepam 1mg/0.5ML O.S - [redacted] ([redacted] 00 a.m., [redacted] 00 p.m., [redacted] 00 p.m. and [redacted] 00 p.m.). On

187d - Follow Prescriber's Orders (continued)

██████/22 at ██████ a.m.

REPEAT VIOLATION: 4/4/22

Plan of Correction

Accept

Due to ██████ merging with ██████ meds were not being sent as they should be. Multiple calls were made by ██████ and ██████ to ██████ to inquire about why the medications were not being sent. Halcyon Senior Living has contracted with ██████ to begin services on ██████ 2022. The Contract with ██████ has been dissolved as of ██████ 2022.

Med Techs were educated 8/29/2022 and 8/30/2022 on calling another ██████ when medications are not being supplied by the current pharmacy as it is the responsibility of the home to obtain the medications for the resident. Med techs will do weekly cart audits starting 8/29/2022 to assure that all medications for all residents are present on the medication carts. This will be ongoing without expiration.

Cart Audits are attached and will be used and will be reviewed by ██████ and/or designee weekly as a double check starting on 8/29/2022.

Med Techs were educated on 8/29/2022 and 8/30/2022 on the importance of giving the medications when they are due and reporting to ██████ and/or designee immediately when a medication is not available. See attached Cart Audit forms as well as in-service and training.

Completion Date: 09/07/2022

Document Submission

Implemented

Due to ██████ merging with ██████ meds were not being sent as they should be. Multiple calls were made by ██████ and ██████ to ██████ to inquire about why the medications were not being sent. Halcyon Senior Living has contracted with ██████ to begin services on ██████ 2022. The Contract with ██████ has been dissolved as of ██████ 2022.

Med Techs were educated 8/29/2022 and 8/30/2022 on calling another Pharmacy when medications are not being supplied by the current pharmacy as it is the responsibility of the home to obtain the medications for the resident. Med techs will do weekly cart audits starting 8/29/2022 to assure that all medications for all residents are present on the medication carts. This will be ongoing without expiration.

Cart Audits are attached and will be used and will be reviewed by ██████ and/or designee weekly as a double check starting on 8/29/2022.

Med Techs were educated on 8/29/2022 and 8/30/2022 on the importance of giving the medications when they are due and reporting to ██████ and/or designee immediately when a medication is not available. See attached Cart Audit forms as well as in-service and training.

See Attached

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2 was admitted to the home on ██████/22. The resident resides in the memory care unit along with resident #3.

227c - Support Plan Revision (continued)

Resident #2 paces hallways, appears anxious and is constantly wandering in/out of other resident rooms, often taking their belongings, or putting on their clothing and refusing to take off. The resident requires constant verbal cueing/redirection and is often resistant to the redirection.



On [redacted] 22, resident #2 was observed entering resident #3's bedroom and no staff were supervising at the time. The support plan, dated [redacted] 22, for resident #2 indicates the resident requires monitoring in the home and assessed with moderate supervision needs. The support plan indicates the resident requires some supervision for minimal Orientation of place, time and person, communication of need and for Judgement indicates the resident has some basic decision-making skill. Supervision by staff will be provided to ensure choices are safe for resident and others around them. Resident #2's support plan does not address the extensive supervision needs of the resident or a plan on how the home will meet the extensive supervision needs of the resident to ensure all residents safety.

Plan of Correction

Accept

1. Resident #2 and Resident #3 RASP have been updated to reflect changes in condition. See attached undated RASP dated 9-6-2022.
 2. [redacted] will complete a 30 day review of all residents who had a RASP completed to begin on 9-1-2022 to ensure accuracy to be completed by 9-31-2022.
 3. Education was provided to [redacted] regarding correctly documenting residents change of condition as needed and per DHS guidelines. Administrator to review all RASP updates completed by [redacted] to double check for completeness and accuracy by 9-31-2022.
- Med Techs and Aides educated on reporting any changes in residents health or behaviors to [redacted] and/or Designee immediately so that the RASP can be updated to reflect the change. This will be ongoing with no expiration date.
- Incident reports are attached and were completed on Resident #1 and Resident #2 and a review of the incidents in the monthly QUAPI meeting. All changes in condition and behaviors to be reported in to be morning meetings daily with no expiration date and reviewed at that time as well,

Completion Date: 09/07/2022

Document Submission

Implemented

1. Resident #2 and Resident #3 RASP have been updated to reflect changes in condition. See attached undated RASP dated 9-6-2022.
 2. [redacted] will complete a 30 day review of all residents who had a RASP completed to begin on 9-1-2022 to ensure accuracy to be completed by 9-31-2022.
 3. Education was provided to [redacted] regarding correctly documenting residents change of condition as needed and per DHS guidelines. Administrator to review all RASP updates completed by [redacted] to double check for completeness and accuracy by 9-31-2022.
- Med Techs and Aides educated on reporting any changes in residents health or behaviors to [redacted] and/or Designee immediately so that the RASP can be updated to reflect the change. This will be ongoing with no expiration date.

227c - Support Plan Revision (continued)

Incident reports are attached and were completed on Resident #1 and Resident #2 and a review of the incidents in the monthly QUAPI meeting. All changes in condition and behaviors to be reported in to be morning meetings daily with no expiration date and reviewed at that time as well.

See Attached